

Dermatology Coding Alert

You Be the Coder: Would You Use 15300-15301 for Graft Changes?

Question: Our dermatologic surgeons often use allograft for temporary wound closure (for example, 15300, 15301). Frequently, a surgeon must return the patient to the operating room on multiple occasions during the global period of the original graft placement to replace the graft until sufficient healing occurs. How should we report these subsequent graft replacements? Are 15300-15301 still appropriate and, if so, do we need a modifier? Or do other codes apply?

Pennsylvania Subscriber

Answer: Allograft placement as described by 15300 (Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1 percent of body area of infants and children) and +15301 (... each additional 100 sq cm, or each additional 1 percent of body area of infants and children, or part thereof ...) is frequently not a "one-time-and-done" procedure.

The dermatologic surgeon must continually replace the graft until the patient's own skin regenerates. In this way, the allograft acts as a temporary closure to reduce the risk of infection.

Because 15300 includes a 90-day global period, follow-up graft procedures almost always occur within this time period.

You are correct to continue to report 15300 and 15301 (as appropriate) for replacement grafts during the global period because no other codes better describe the procedure.

As you guess, however, you must also apply a modifier--in this case modifier 58 (Staged or related procedure or service by the same physician during the postoperative period)--to indicate that the graft replacement should not be bundled to the original procedure.

Modifier 58 is appropriate because the graft replacement represents a "staged procedure" that is related to and prospectively planned at the time of the original graft. You can perform the procedure in the office or bedside: You do not have to return the patient to the OR to report modifier 58.

Note: The above advice also applies for all allograft codes 15320-15366 (... face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits ... trunk, arms, legs ...).

Caution: You should not report allograft placement codes 15300-15366 if the dermatologic surgeon simply replaces dressings, etc., during the global period. Dressing changes are included in the original procedure and are not separately reimbursable.